



September 30, 2021

The Honorable Micky Tripathi  
National Coordinator for Health Information Technology  
U.S. Department of Health and Human Services  
330 C Street, SW, 7<sup>th</sup> Floor  
Washington, DC 20201

Dear Mr. Tripathi,

On behalf of Provation, I am writing in response to the Office of the National Coordinator for Health Information Technology's (ONC) recent solicitation for comments on Version 3 of the United States Core Data for Interoperability (USCDI). We appreciate the opportunity to share our views.

By way of background, Provation is a medical software provider serving more than 4,800 hospitals, surgery centers, anesthesia groups and medical offices. Provation's solutions are designed to improve the productivity of physicians, nurses and other members of the care team, allowing them to spend less time on the computer and more time with patients. Over 25 years ago, Provation pioneered gastroenterology (GI) physician documentation and continues to be the market leader with on-premise Provation® MD and cloud-based Provation® Apex. Allowing the capture of discrete procedure data, Provation's documentation software is used extensively in clinical research, including in 44 of the top 50 GI hospitals in the United States. Beyond physician documentation, Provation's portfolio includes solutions for anesthesia quality reporting, order set and care plan management, practice management, electronic medical records (EMR) and perioperative documentation.

We want to first commend ONC for its development of the USCDI as the foundation of data elements and classes that all electronic health record technology should be able to collect, analyze and share between providers. Once broadly adopted, the USCDI will lead to improved interoperability and health data exchange, enabling better care coordination, improved health for patients and lower costs.

Our comments build on Version 2 of the USCDI and recommend additional elements within the framework's data classes. We also wish to associate ourselves with several recommendations for Version 3 recently finalized by the Health Information Technology Advisory Committee's USCDI Task Force. More detail is below.

#### New Data Elements and Refinements Recommended for Version 3

As a leading provider of Procedure Documentation software, Provation appreciates the value of specific and granular data elements for helping optimize care coordination and health outcomes. As such, most of our recommendations for Version 3 add greater specificity and context for elements already in Version 2. Such additional detail will be invaluable for Care Teams in

gaining a more complete picture of the patient's health profile, and to avoid duplicative tests or treatments. For example, within the *Allergies and Intolerances* data class, we recommend making the *Reaction* element more granular by signifying whether it was *Mild*, *Moderate* or *Severe*. To foster improved care coordination across facilities and reduce the incidence of duplicative tests, new elements for the *Location*, *Date* and *Time* of any clinical tests, diagnostic imaging and laboratory tests should be added to those respective classes. *Pending Tests/Reports* should also be included for these classes.

Within the *Health Concerns* class, these should be broken down by *Physical Health Concerns* and *Mental Health Concerns*. Under *Medications*, we recommend adding the Pharmacy's *Address* and *Phone Number*, which will help the Care Team in following up on issues related to refills and patient adherence. For *Problems*, we believe the *Date of Resolution* element would be of greater utility if the underlying problems were qualified as *Acute* or *Chronic* (with the latter being seldom truly resolved). For *Unique Device Identifier*, we recommend adding *Implant Date*, *Manufacturer*, *Date of Last Interrogation* and *Last Interrogation Results*.

Finally, under *Vital Signs*, *Inhaled Oxygen Concentration* should be qualified as either *Intubated* or *Supplemental* as the difference between the two can have significant clinical implications. *BMI Percentile* should apply to everyone, not just patients aged 2-20 years, but *Occipital Head Circumference* probably need only apply to neonates and newborns. For all the listed *Vital Sign* data elements, adding the *Date* and *Time* is recommended.

#### Recent Recommendations by the USCDI Task Force

The USCDI Task Force was recently charged with providing recommendations on Version 3. We agree with many of these, but particularly want to lend support for their recommendation that *Operative Notes* be added to the *Clinical Notes* data class. We strongly agree. Surgeries are often seminal events in the health history of any patient, so enabling patient access to *Operative Notes* should be given high priority. We also support the Task Force's recommendations related to future development of new data classes and elements for high priority use cases, particularly those cases related to digital quality measures, registries, and cost and efficiency improvements in the clinical workflow.

Thank you again for allowing us to comment. We greatly appreciate the work of ONC and the tremendous efforts your team has expended on behalf of the nation. If you or your staff have questions or would like to discuss our comments in more detail, please contact me at Daniel.hamburger@provationmedical.com or (612) 313-1550.

Sincerely,

A handwritten signature in black ink that reads "Daniel Hamburger". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Daniel Hamburger  
Chief Executive Officer  
Provation